5/29/15

Infant Toddler Program Transition to Children's Developmental Disabilities Program Referral Form

This form is used to inform the Children's DD Program of a child being referred from Infant Toddler Program.

Date of Referral: _____

ITP Service Coordinator Name: _____ **ITP Contact Info:** _____

Child's Name: _____ **Child's DOB:** _____ **Child's MID#:** _____

Parent Name: _____ **Parent Contact Info:** _____

Check one of the following scenarios and complete the applicable section (select only one scenario):

☐ **Child is currently enrolled in Family-Directed Services**

- No additional information is needed

☐ **Child is enrolled with ITP and is currently eligible for DD services determined by ICDE**

	Yes	No
1) Child is 2 years, 8 months of age	☐	☐
2) Child's IFSP has a transition plan that includes referral to DD services	☐	☐
3) The following information is included with this referral:		
• Individualized Family Services Plan (IFSP) Part 1 and Part 2	☐	☐
• Initial children's DD application	☐	☐
• SIB-R Summary Report	☐	☐
• Medicaid DD Budget Costing Sheet	☐	☐
• Medical Records	☐	☐
• Assessments/supporting information	☐	☐
• Releases of Information	☐	☐
• HIPAA Notice	☐	☐
• Children's DD Inventory of Needs	☐	☐

If you selected no for any of the above, please explain:

_____

☐ **Child is enrolled with ITP and has <u>NOT</u> had DD eligibility determined by ICDE**

	Yes	No
1) Child is 2 years, 8 months of age	☐	☐
2) Child's IFSP has a transition plan that includes referral to DD services	☐	☐
3) The following information is included with this referral:		
• Individualized Family Services Plan (IFSP) Part 1 and Part 2	☐	☐
• Medical Records	☐	☐
• Assessments/supporting information	☐	☐
• Releases of Information	☐	☐
• HIPAA Notice	☐	☐

If you selected no for any of the above, please explain:

_____

☐ **Child is an initial applicant for Infant Toddler Program. Date child referred to ITP:** _____

	Yes	No
1) Child is between 2 years, 8 months and 3 years of age	☐	☐
2) Child's IFSP has a transition plan that includes referral to DD services	☐	☐
3) The following information is included with this referral:		
• Individualized Family Services Plan (IFSP) Part 1 and Part 2	☐	☐
• Medical Records	☐	☐
• Assessments/supporting information	☐	☐
• Releases of Information	☐	☐
• HIPAA Notice	☐	☐

If you selected no for any of the above, please explain:

_____